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AUTOPSY REPORT

No.

2022-04841

ALANIZ, JOHN JOSEPH

I performed an autopsy on the body of →

at the DEPARTMENT OF MEDICAL EXAMINER-CORONER

Los Angeles, California

on May 6, 2022

0830

(Date)

(Time)

From the anatomic findings and pertinent history I ascribe the death to:

(A) MULTIPLE GUNSHOT WOUNDS

DUE TO OR AS A CONSEQUENCE OF

(B)

DUE TO OR AS A CONSEQUENCE OF

(C)

DUE TO OR AS A CONSEQUENCE OF

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

MANNER OF DEATH

HOMICIDE

HOW INJURY OCCURRED

SHOT BY OTHER(S) DURING ENCOUNTER WITH LAW ENFORCEMENT

Anatomic Summary:

I. Multiple gunshot wounds

A. Total number of gunshot wounds: 3

i. GSW #1, Chest, Imminently fatal (GSW A, P2of2)

1. Significant injuries of aorta, pulmonary arteries, bilateral lungs and esophagus

2. Associated bilateral hemothorax; at least 450 cc total

ii. GSW#2, Right leg (GSW B, P1of2)

iii. GSW#3, Left leg (GSW C)

B. Total number of projectiles recovered: 2

C. Range of fire for all wounds is indeterminate

II. Blunt force trauma

A. Lacerations of posterior left scalp

i. No associated fracture or intracranial hemorrhage

B. Various contusions and superficial abrasions of the face, torso, and extremities

C. Focal soft tissue hemorrhage of anterior peritoneum and mesentery

i. No significant injury to organs or associated hemorrhage

III. History of electronic control device (ECD) discharge

A. Projectile consistent with a barb recovered from clothing and submitted as evidence

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Page 4Gunshot wound #1, Chest, Imminently fatal (GSW A and P2of2):

Entrance (GSW A): On the right upper chest 12-3/4 inches from top of head, 8 inches to top of table with body in supine position, and 6 inches right of the anterior midline is an ovoid 1/2 x 1/4 inch diameter gunshot wound. There is no marginal abrasion, and the edges of the wound are smooth. Soot, unburned gunpowder particles, and stippling are not visible on the skin surrounding the wound.

Recovery (P 2of2): A copper and gray colored projectile is recovered from the left lung lower lobe at the time of examination and submitted as evidence.

Exit: None.

Path: The projectile sequentially perforates skin, soft tissue, the anterior chest wall through the right anterior rib 3, the right lung upper lobe, pericardium, aorta, pulmonary arteries, esophagus, the anterior surface of the T7 vertebral body, and then becomes embedded in the left lung lower lobe.

Associated injuries:

1. Bilateral hemothorax; at least 250 cc on the right and 200 cc on the left

Direction: The projectile travels from his right to left, front to back and downward

Range of fire: The range of fire is indeterminate.

Gunshot wound #2, Right leg (GSW B and P1of2):

Entrance (GSW B): On the right anterior thigh 38-1/2 inches from top of head, 9-1/4 inches from top of table with body in supine position, and 1/8 inches right of the anterior limb midline is a irregular 1 x 7/8 inch diameter gunshot wound. There is an eccentric marginal abrasion from 9-4 o'clock measuring 1/16 to 3/16 inches in width, with a trailing abrasion at 11 o'clock measuring 1/2 x 3/16 inches. Just inferior to the wound is a purple-pink contusion and abrasion cluster measuring 1-1/4 x 3/4 inches in area with abrasions ranging from pinpoint up to 3/16

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inches in width. Soot, unburned gunpowder particles, and stippling are not visible on the skin surrounding the wound.

Recovery (Plof2): A copper and gray colored projectile is recovered from right leg soft tissue 46 inches from top of head and 2 inches left of the anterior limb midline at the time of examination and submitted as evidence.

Exit: None.

Path: The projectile sequentially perforates skin and soft tissue before embedding in the soft tissue.

Direction: The projectile travels from right to left, front to back and down.

Range of fire: The range of fire is indeterminate.

Gunshot wound #3, left leg (GSW C):

Entrance/Exit (GSW C): On the left anterior shin 53 inches from top of head, 4-1/4 inches from top of table with body in supine position, and 1/2 inch right of the anterior limb midline is a ovoid $\frac{3}{4}$ x 1/4 inch diameter gunshot wound. There is an eccentric marginal abrasion from 2-3 o'clock measuring 1/16 inch in greatest width, with smooth edges that are focally dark purple and dry. Soot, unburned gunpowder particles, and stippling are not visible on the skin surrounding the wound.

Recovery: None. Note, given the shallow nature of the wound the projectile was likely dislodged prior to examination of the body.

Path: The projectile sequentially perforates skin and superficial soft tissue with the hemorrhagic wound tract ending just superior to the left tibia.

Direction: The projectile travels from front to back.

Range of fire: The range of fire is indeterminate.

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SUMMARY & OPINION:

This 34-year-old man's death is attributed to multiple gunshot wounds.

At examination, he is found to have a total of 3 gunshot wounds with an imminently fatal gunshot wound of the chest that disrupts the aorta, pulmonary arteries, both lungs, and esophagus with associated bilateral hemothorax of at least 450 cc total. A total of two projectiles are recovered from within the body, and a projectile consistent with an electronic control device barb is recovered from the clothing. The range of fire for all of the gunshot wounds is indeterminate. Blunt force trauma, including lacerations of the posterior scalp are identified, though no fatal blunt force trauma is found. Possible puncture marks are identified on the upper extremities, but in the setting of medical intervention no definite evidence of the electronic control device contacting the skin is evident. Toxicology studies demonstrate the presence of cannabinoids in the chest blood.

For the purpose of public health and vital statistics, given the history and circumstances as currently known by me in the setting of the findings by examination and ancillary studies, the manner of death is classified as homicide.

Julie Bawab
Julie Huss-Bawab, M.D.
Deputy Medical Examiner

2/17/2023

Date